

PETS & PAWS- ANIMAL SERVICES LTD.

Client & Animal Intake Form



Client Information

Print Name: _____

Address: _____

Phone number: _____

Animal Information (check yes or no)

Name, Sex, & Age of your pet? _____

Is your pet aggressive towards animals, adults, or children? ☐ Yes ☐ No List: _____

Any physical or medical issues? ☐ Yes ☐ No If yes, please list: _____

Any allergies or food restrictions? ☐ Yes ☐ No If yes, please list: _____

Is your pet on any medications? ☐ Yes ☐ No If yes, please list: _____
(Applicable if using medication service)

****Please answer Y/N (Yes or No) for the below.**

<input type="checkbox"/> Good with Cats?	<input type="checkbox"/> Spayed/Neutered?	<input type="checkbox"/> Other information? _____
<input type="checkbox"/> Good with Dogs?	<input type="checkbox"/> Good at Dog parks?	_____
<input type="checkbox"/> Good with People/Kids?	<input type="checkbox"/> Vaccines up to date?	_____
<input type="checkbox"/> Good on leash?	<input type="checkbox"/> Pictures of your pet allowed?	_____
<input type="checkbox"/> Responds to Name/Re-call?	<input type="checkbox"/> Identity Chip or tattoo?	_____

Service Agreement

By signing the below, I (the client/pet owner) certify and acknowledge that the information I provided is truthful and accurate. I (Client/Pet owner) provided this information to Pets & Paws - Animal Services, during clear state of mind. I agree to the Terms and Conditions stated and provided on petsandpaws.ca. A physical copy of the Terms and Conditions can be provided on request.

*Additional agreement information: _____

Signature of Client/Pet owner: _____ Date: _____